

**MENTAL HEALTH PLANNING COUNCIL
MEETING FEBUARY 20, 2008
MINUTES**

The 2/20/2008 meeting of the Mental Health Planning Council was called to order by the president, Alison Hymes. The meeting began with introductions around the table. The following members, staff and guests were present:

Members

Ann Benner

Becky Currin

Betty Etzler

Catherine Hancock

Vicki Hardy-Murrell

Melissa Harless

Donna-Sue M. Harmon

Alison Hymes

James A. Johnson

Mary Kay Johnston

Mary McQuown

Kenneth Moore

Lisa Moore

Paula Price

Kathleen Sadler

Becky Sterling

Byron Stith

Jack Wood

Jack Brandt

Staff

Will Ferriss

Janet Lung

Michael Shank

Jo-Amrah McElroy

George Banks

Katherine Hunter

Guests

Tammy Farmer

Colleen Miller

Margaret Walsh

The floor was opened for announcements and updates. Will Ferris said that he and George Banks would like to present to the group a poster they did for the Annual DIG Conference. Will and George presented the poster, Treatment Penetration Rates by Race and Ethnicity, they prepared for the National Data Infrastructure Grant (DIG) Annual Conference. This is a chart that presents numerical information based on the national estimate of persons with mental illness, the percentage being served through the public health system and how this is spread among regions ethnically and racially. George said the purpose of

gathering and charting this data is so that the services can be better delivered to those who need them.

The national estimate for those needing mental health services is 5.4%, In Virginia, 16% of those needing services are estimated to receive services through the public health system. Virginia ranks 48th in 50 states of providing community mental health services to those in need.

In another matter, Mary McQuown asked about \$750,000 in grants available. Donna Sue Harmon asked for information about applying for these grants.

There is \$750,000 in grant money available for recurrent programs or programs that are not ongoing and can be completed by September 2008. A scholarship grant for the VOCAL annual conference would be a good example of what is appropriate for this grant money.

After a short break, speaker Colleen Miller, Director of the Virginia Office of Protection and Advocacy (VOPA) spoke to the group regarding the organization and what it does. Some information shared included:

VOPA was established in 2002

It is an independent state agency reporting to a Board of Directors

Purpose is Protection and Advocacy for all Virginians living with disabilities, not just people living with psychiatric disabilities. Assist people with Social Security, abuse and neglect, accessibility, employment discrimination, Help America Vote, housing discrimination, service animal discrimination etc. Works to educate Virginians with disabilities.

Ms. Miller noted that true integration of consumers comes from going back to work.

Ms. Miller offered to provide someone who could speak on Social Security issues in more detail in the future.

In 1984, VOPA was limited to serving institutions. In 2000, VOPA was available to the community but still had to serve institutions first - both public and private.. Their Federal funding streams requires that they focus on specific areas.

Cases brought to VOPA go through a screening process to see if the case is in line with their goals. If so, the case is assigned to an advocate or attorney.

Federal budget cuts affect VOPA. VOPA can service veterans.

Ms. Miller suggested that to be an affective advocate you should stick to one point, make it well and then sit down.

Lunch followed Ms. Miller's presentation.

During lunch, there was a legislative update.

SB177 Kendra's law voted down

Commitment criteria loosened passed and waiting for the Governor.

More money for special justice training was voted down

Also voted down:

Community Service Boards mandated to provide a broader array of specific services.

Crisis intervention training for police

Mental health courts

Confidentiality is being reduced

Voting of HD121 parental notification if child seeks mental health care
not final yet

Auxiliary grant portability will allow resident to take the grant with them
to another assisted living facility

HB 499 omnibus bill is still alive

Bill to changed Mentally Retarded wording to Intellectual Disability is
still alive

Margaret Walsh, Director of Human Rights for DMHMRSAS spoke on
how the human rights system works in Virginia. Rights of consumers first
addressed in 1970's. Began applying to state facilities and later extended to all
licensed or state funded providers and Community Service Boards. Does not
apply to Adult Living Facilities, which are regulated through social services. The
Human Rights system works through a system of 75 Local Human Rights
Committees and a State Human Rights Committee, which hears appeals from
LHRC's. cases. The Local Human Rights Committees are independent public
bodies.

Human Rights Advocates help consumers with human rights issues.
Provider usually agrees to make needed changes before going to committee. Of
5,000 complaints, annually only 17 went to committee. Though most issues are
resolved at the immediate level, it is consumers who determine how far to press
complaint. Providers are required to inform consumers of their rights. Peer on

peer issues are addressed if they violate either peer's human right to a safe environment. Someone can file a human rights complaint on behalf of another.

The new Human Rights regulations are "person centered." Providers are required to inform consumers and any guardian or authorized representative. . Consumers are informed all along the way in a dispute. Each provider must have a human rights expert who can help consumers. There is a brochure in the works that addresses "What are your rights?"

Next, the issue of membership chair was discussed by members. Becky Currin who has been membership chair is leaving the Planning Council and a new chair is needed. The President appoints the Membership Chair.

The Planning Council needs more consumer, consumer family (especially parent of a small child consumer), geographic diversity and youth in its membership. The Council is required to have consumer members totaling at least the sum of state agency and provider members. There is an application available on the web site. Diversity could be addressed as more than a racial or gender issue. Sexual orientation is a group that should be addressed.

In order to have a more diverse committee, should we look into telecommunicating meetings? Conference calling is limited. A videoconference would require meeting places able to handle them.

Becky encouraged members to recruit. She can be reached at 1-800-552-3962.

Margaret suggested recruiting from local human rights committees.

Quality of Care is part of the Council's mission statement. This was discussed by Council members. Priorities mentioned included:

Trauma informed care - seclusion and restraint. :

Mental health patients' experiences in emergency rooms

Advance directives and power of attorney

Should branding and policy be brought up at a future meeting? There seems to be agreement that this should be the case. Without any authority, the committee cannot bring about change but can affect it by being more vocal.

Other business. Adult Services will meet. Information will be sent out as where. Teleconference for committee on children's' service.

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